

## Angie Lake

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**From:** Rep. John Walsh (District 19)  
**Sent:** Wednesday, March 07, 2012 1:19 PM  
**To:** Angie Lake  
**Subject:** FW: Testimony for public hearing of Michigan Medical Marihuana Act

**From:** Frank Rossman [mailto:frankrossman@gmail.com]  
**Sent:** Monday, March 05, 2012 11:27 AM  
**To:** Rep. John Walsh (District 19)  
**Subject:** Testimony for public hearing of Michigan Medical Marihuana Act

Dear Mr. Walsh,

Unfortunately, I will not be able to attend the public hearing this Thursday, March 8 on proposed "tweaks" to the MMMA, but wanted you to have my testimony on why I support the Michigan Medical Marihuana Act and the policies of the Joe Cain and Michael Komorn of the MMMA.

I have found medical marijuana to be an effective, natural method of managing the chronic pain associated with bone fractures induced by osteoporosis.

It may seem strange that a big, strapping fellow like myself has what is typically thought of as a "women's" ailment, but the osteoporosis is caused by the a pituitary macroadenoma (brain tumor), that disrupts the normal function of my endocrine system.

My personal research suggests the the tumor is due to exposure to the flame retardant PBB when I was a young boy, but Michigan's Deadly Harvest is a separate issue.

I have found that medical marijuana provides the relief I require, without the side effects of long term use of pharmaceutical pain relievers.

My concerns with the proposed legislation are that they are casting medical marijuana patients as a separate class of citizens, and are reducing the protections that the MMM Act provides to those patients.

It has been my observation, especially in Oakland County, that medical marijuana patients are being looked at as an easy revenue stream for local governments and law enforcement agencies through property seizures, arrests, and prosecution that do nothing but redistribute private assets to government organizations under the auspices of "community protection".

The Sal and Barb Agro case best highlights this government over-reach.

RIP Sal Agro, blessing to his widow Barb.

I would suggest that the protection of vulnerable patients be the first principal in any legislation, not the ease of administering the MMMA from a bureaucratic or law enforcement perspective.

I felt great sympathy for the gentleman who spoke on behalf of the Veterans at the hearing last Thursday in regard to the proposed definition of the bona fide patient-doctor relationship.

The excess cost burden it would put on a Veteran who is using VA Doctors, that would need to establish a separate, ongoing parallel treatment plan with a non-VA Michigan doctor as his primary physician in order to obtain a medical marijuana recommendation.

I see no value add in this scenario to the Veteran's , or any of the hundreds of thousands of other Michigan citizens who do not have health insurance, and have never had what could be called a bona fide doctor-patient relationship per the proposed legislation.

The bona fide doctor-patient relationship should be the same for all patients and doctors regardless of the treatment plan being recommended.

Having a separate requirement for only medical marijuana patients makes the medical marijuana patient a second class citizen.

As a caregiver I can attest that only 20% of my patients have health insurance, and those without health insurance rarely see a doctor of any kind due to the cost.

Again, I see no value add in requiring that cash-strapped Michigan citizens, who wish to use medical marijuana as alternative medical treatment, to maintain a doctor-patient relationship standard that exceeds the requirements for a doctor patient relationship for any other form of medical treatment.

Will we soon see additional and different requirements for Michigan citizens who wish to seek care from Chiropractors, Acupuncturists, Herbalists, etc?

I would say, "No", nor should we see separate, unequal requirements for doctors whose primary practice focus is medical marijuana.

I have found great relief from my chronic pain with medical marijuana as a patient, and have found great satisfaction in alleviating the suffering of my patients with medical marijuana as a Medgrow trained caregiver. I take great pride in my duties as a caregiver, in the service and compassion I provide in mitigating pain. Soon I hope to be able to unconditionally say, "I have helped to cure my patient's cancer." I have worked in the corporate world for 15 years, most recently as a Global Program Manager of Corporate Social Responsibility, and have seen no greater impact of my good works than I have seen in ministering to the sick and dying with medical marijuana.

I also have great concerns about the right to grow medical marijuana, per the MMMA, being taken away from Michigan citizens and reassigned to third-party corporate business interests.

This is what I expect to see proposed in the forth coming Dispensary legislation.

Whether those businessmen be from California, Colorado, or even Michigan itself, it must know that it is the constitutional right of Michiganders to produce their own medicine without the intrusion of government or third-party interests.

Michigan has suffered enough economic and social turmoil from the "benefits" of out-sourcing, we have no need to out-source our ability to provide relief for our own suffering.

I agree strongly with the need for brick-and-mortar outlets, with standard daily hours of business, to provide access to medical marijuana for patients and caregivers, but see no need to sacrifice the ability of individual caregivers to minister to their patient group outside of a dispensary system, or for patients to produce their own medicine.

The caregiver and dispensary distribution models are not in conflict, and both are required to assist the greatest number of patients with their treatment needs.

If only dispensary/corporate production and distribution is allowed, there will be many patients who will not be able to access their chosen medicine.

Will the state mandate that a dispensary be established and maintained within a reasonable distance, lets say 50 miles, of all medical marijuana patients?

Will the state subsidize those private dispensaries who are not profitable due to their mandated locations in lightly populated areas of Michigan like Port Austin, Mesick, or Calumet?

Of course not, and those patients in those "over looked" areas of Michigan will suffer.

I, and my patient group, fully support the work that Joe Cain and Michael Komorn are doing at the Michigan Medical Marijuana Association to protect the rights of patients and caregivers first and foremost.

I support the Farmer's Market and caregiver/patient distribution model that Joe Cain is championing as an additional alternative to the brick-and-mortar dispensary model.

In closing, I ask that as you and your colleagues draft and amend any and all legislation on medical marijuana that you bear in mind this simple question, "How does this legislation provide value to the patient?" Please, do not limit the rights and access of patients and caregivers to medical marijuana simply to make administering the MMM Act as easy as possible for government and law enforcement agencies, or as profitable as possible for third-party business interests.

Feel free to contact me if you have any questions.

Thank you,  
Frank Rossman  
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